

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S.2		
O.I.P.E. CLASSIFIER		10	4-20-01
FORMALITY REVIEW	SD AH	555 825	5/17/01 8/29/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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C.C.  
05-17-01  
555  
98/2918

If more than 150 claims or 10 actions  
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